

FEB 17 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: :
CARL KUBITZ : Examiner Manuel L. Barbee
Filed: 08/05/2003 : Art Unit 2857
Title: **SYSTEM AND METHOD FOR TESTING OF** :
TRANSACTION INITIATION DEVICES IN ELECTRONIC :
FUNDS TRANSFER SYSTEMS :
Serial No.: 10/635,420 :
:

M.S. AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

This Amendment is responsive to the Office Action dated November 17, 2004.
Please amend the above-identified application as follows:

FEB 17 2005

PTO/SB/21 (02-04)

Approved for use through 07/31/2009, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

Application Number	10/635,420
Filing Date	08/05/2003
First Named Inventor	CARL KUBITZ
Art Unit	2857
Examiner Name	Manuel L. Berbes

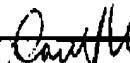
Attorney Docket Number

LXL-POS

ENCLOSURES (Check all that apply)

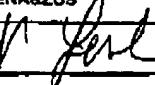
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please Identify below): <input type="checkbox"/> Remarks
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	DONALD J LENKSZUS	
Signature		
Date	FEBRUARY 17, 2005	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	DONALD J LENKSZUS	
Signature		Date
	FEBRUARY 17, 2005	

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